



VETERANS ADMINISTRATION

Pass-A-Grille Regional Office

P. O. Box 1437

St. Petersburg, Florida

YOUR FILE REFERENCE:

April 21, 1949

IN REPLY REFER TO: 17R7CB

Panama City Publishing Company
Panama City, Florida

Dear Sir:

Enclosed are copies of ~~VA Form 7-1904~~, Agreement to Train On-the-Job Disabled Veterans of World War II, and VA Form 7-1914, Survey of Job Training Establishment. The approval of your firm has been indicated by the signatures of the appropriate Veterans Administration officials on your copy of VA Form 7-1904.

Your interest and cooperation in the rehabilitation training of disabled veterans are sincerely appreciated.

Very truly yours,

H. E. Seiter

H. E. SEITER, Chief,
Training Facilities Section.

Encls. (2)

VA FL
JUN 1947 AT7-1277

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

SURVEY OF JOB TRAINING ESTABLISHMENT

FORM APPROVED
BUDGET BUREAU No. 76-R038
EXPIRES MARCH 31, 1949

(If additional space is needed to complete any item, use a separate sheet of paper and attach it to this form)

1. LEGAL NAME OF ESTABLISHMENT Panama City Publishing Company		5. TRAINING UNDER <input checked="" type="checkbox"/> P.L. 16 <input type="checkbox"/> P.L. 346		6. DATE OF THIS SURVEY March 21, 1949	
2. MAILING ADDRESS (Number, street, city, zone, State) Panama City, Florida		7. TELEPHONE NUMBER OF ESTABLISHMENT EXCHANGE _____ NUMBERS _____			
3. NAME AND TITLE OF HEAD OF ESTABLISHMENT Mrs. L. C. West, Owner		8. TYPE OF ESTABLISHMENT <input checked="" type="checkbox"/> INDIVIDUAL OWNER <input type="checkbox"/> CORPORATION			
4. NAME AND TITLE OF OFFICER IN CHARGE OF TRAINING Mrs. L. C. West, Owner		<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER			
9. NATURE OF BUSINESS, PRODUCT, OR SERVICES Printing				10. NUMBER OF EMPLOYEES 4	
11. SPECIFIC JOB OBJECTIVE Jr. Executive (Asst. Manager)		12. OCCUPATION Printer		13. D. O. T. CODE 0-97.14	
14. RECOGNIZED BY ESTABLISHMENT AS <input type="checkbox"/> APPRENTICE TRAINING <input checked="" type="checkbox"/> OTHER TRAINING ON THE JOB		15. JOB DESCRIPTION Operation and care of printing press			
16. NUMBER OF TRAINING POSITIONS IN THIS JOB OBJECTIVE 2		17. ACTUAL NUMBER OF TRAINEES IN THIS JOB OBJECTIVE 2			

18. JOB OPERATIONS TO BE LEARNED IN SEQUENCE:						19. WAGE PROGRESSION:	
JOB OPERATION (A)	HOURS PER WEEK (B)	NUMBER OF WEEKS (C)	JOB OPERATION (A)	HOURS PER WEEK (B)	NUMBER OF WEEKS (C)	HOURLY WAGE (A)	INTERVALS IN WEEKS (B)
a Composition	30	156	i			.40	1-6 mos.
b Operation of Presses	10	156	j			.50	6-12 mos.
c Repair of Presses	1	156	k			.55	12-15 mos.
d Use of Linotype	2	156	l			.60	15-18 me
e Maintaining Cutting paper stock	2	156	m			.65	18-21 me
f			n			.70	21-24 me
g			o			.80	24-30 me
h			p			.90	30-36 me
						1.00	Obj.

Change in Wage Table

20. PRESENT ENTRANCE WAGE RATE FOR EMPLOYEES ALREADY TRAINED IN THIS OCCUPATION \$173.33 PER Month					
21. LENGTH OF TRAINING COURSE A TOTAL OF 7020 HOURS FOR A PERIOD OF 156 WEEKS					
22. IS RELATED OR SUPPLEMENTARY INSTRUCTION REQUIRED FOR THIS JOB OBJECTIVE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
23. IF SO, LIST EACH RELATED OR SUPPLEMENTARY COURSE REQUIRED:					
COURSE	HOURS PER WEEK	NUMBER OF WEEKS	COURSE	HOURS PER WEEK	NUMBER OF WEEKS
a			d		
b			e		
c			f		
24. IF SUCH INSTRUCTION IS REQUIRED, WHO WILL PROVIDE SAME? <input type="checkbox"/> EMPLOYER <input type="checkbox"/> OTHER (Specify)					
25. IS THERE A UNION AGREEMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		26. NAME AND NUMBER OF JURISDICTIONAL UNION		27. DATES COVERING UNION AGREEMENT	

28. IS THERE A FUNCTIONING JOINT APPRENTICESHIP COMMITTEE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	None	36. SPECIAL HAZARDS, IF ANY, AFFECTING ADVERSELY THE TRAINING OF VETERANS IN THIS ESTABLISHMENT
29. IS AN APPRENTICESHIP AGREEMENT REQUIRED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
30. IS SPACE ADEQUATE FOR TRAINING? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
31. ARE SAFETY AND SANITATION LAWS OBSERVED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
32. IS HEATING ADEQUATE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
33. ARE LIGHTING AND VENTILATION ADEQUATE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		37. IS THE TRAINING COURSE BASED UPON A COMPLETE JOB ANALYSIS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
34. ARE TOOLS AND EQUIPMENT ADEQUATE AND AVAILABLE FOR TRAINING? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		38. IF THE COURSE IS "OTHER TRAINING ON THE JOB," DOES THE JOB CUSTOMARILY REQUIRE A PERIOD OF TRAINING OF NOT LESS THAN THREE MONTHS AND NOT MORE THAN 2 YEARS OF FULL-TIME TRAINING? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
35. IS THERE SUFFICIENT "WORK PRODUCTION" SCHEDULED AHEAD TO PROVIDE ADEQUATE TRAINING? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
39. ARE WAGES TO BE PAID THE VETERAN FOR EACH SUCCESSIVE PERIOD OF TRAINING NOT LESS THAN THOSE CUSTOMARILY PAID IN ESTABLISHMENT AND IN COMMUNITY TO A LEARNER IN SAME JOB WHO IS NOT A VETERAN? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
40. IF FEDERAL OR STATE WAGE LAWS APPLY, ARE THESE WAGES IN CONFORMITY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
41. NAME, TITLE, AND ABILITY OF PERSONS RESPONSIBLE FOR INSTRUCTION OF TRAINEES:		
a		
b		
c		
d		
42. IS THERE REASONABLE ASSURANCE THAT ALL TRAINING PROVISIONS OF THE LAW WILL BE MET? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
43. DOUBTFUL PROVISIONS AND REASONS FOR DOUBTS		
None		
44. IS THERE "REASONABLE CERTAINTY" THAT THE JOB FOR WHICH THE VETERAN IS TO BE TRAINED WILL BE AVAILABLE AT THE END OF THE TRAINING PERIOD? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
45. NAME OF PERSON MAKING SURVEY <i>Edwin W. Thompson SR</i>		46. TITLE Training Specialist
47. RECOMMENDATION <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	49. IF DISAPPROVAL IS RECOMMENDED, STATE REASON(S)	
48. DATE OF RECOMMENDATION 3-21-49		
50. NAME OF PERSON REVIEWING RECOMMENDATION <i>H. E. Seiter</i>	51. TITLE H. E. SEITER, CHIEF TRAINING FACILITIES SECTION	
52. RECOMMENDATION OF REVIEWER <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL	54. IF DISAPPROVAL IS RECOMMENDED, STATE REASON(S)	
53. DATE OF RECOMMENDATION APR 6 1949		
55. NAME OF PERSON TAKING FINAL ACTION	56. TITLE J. W. WORRALL, CHIEF, EDUCATION & TRAINING SUBDIVISION	
57. FINAL ACTION TAKEN <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	59. IF DISAPPROVED, STATE REASON(S)	
58. DATE OF FINAL ACTION		